

**DEPARTMENT OF HEALTH  
HEALTH REGULATION AND LICENSING ADMINISTRATION**

BOARD OF PROFESSIONAL COUNSELING  
AUTHORITY FOR GUIDANCE

July 9, 2021  
DATE OF POLICY

21-001  
POLICY NO.

**POLICY STATEMENT**

**GUIDANCE ON REMOTE SUPERVISION  
DURING THE COVID-19 HEALTH EMERGENCY**

**EXTENSION**

In light of the current public health emergency, the Board of Professional Counseling (Board) has adopted the following policy and offered this guidance related to the supervision of professional counseling practice in the District. The policy, No. 20-001, was in effect during the calendar year 2020 and expired on December 31, 2020. This policy statement is now issued to extend the guidance. Additionally, the policy also addresses “direct supervision” required for certified addiction counselors (CAC).

The District issues two (2) types of professional counseling licenses: Licensed Professional Counselor (LPC) and Licensed Graduate Professional Counselor (LGPC). An LGPC is a provisional or transitional license for graduates of professional counseling accruing 3,500 hours of supervised practice experience to qualify for an LPC license. Two hundred (200) of those hours must be performed under immediate supervision, in which the supervisor must be physically present with the supervisee to discuss or observe the supervisee’s practice. 17 DCMR § 6603.1(c). In addition, one hundred (100) of the required 200 hours must be obtained under immediate supervision of an LPC. 17 DCMR § 6603.1(c)(1).

On March 11, 2020, Mayor Muriel Bowser declared a state of public health emergency in the District due to the threat of COVID-19 pandemic. Mayor’s Order 2020-045. Following this declaration, the Mayor issued an order prohibiting mass gatherings of fifty (50) or more persons on March 16, 2020. Mayor’s Order 2020-048. On March 24, 2020, non-essential businesses were ordered closed. Mayor’s Order 2020-053. A stay-at-home order was issued on March 30, 2020, prohibiting District residents from leaving their home except for certain specified essential businesses. Mayor’s Order 2020-054.

As a result of these emergency restrictions, health care practitioners were forced provide care through telehealth, which is used here to refer to a health care practice or provision of care or treatment in the District remotely through the use of communication technology. To support safe

and effective telehealth practice, the Department of Health issued a Guidance dated March 12, 2020 (Guidance) to clarify the standards and requirements for tele-practice.

The Guidance stipulates that health care providers are permitted to deliver services to clients through the use of communication technology so long as they conform to the acceptable standards of care and comply with privacy requirements. For additional guidance, providers may consult 17 DCMR § 4618 (Telemedicine), which the Board now temporarily adopts as framework for tele-practice of social work. Further, the Guidance provides that a practitioner may establish new patients via the use of real-time telehealth.

However, **practitioners seeking to practice telehealth to District clients must be properly licensed in the District.** An exception to this requirement applies to practitioners licensed in another jurisdiction who are “temporary agents” of the District in one of two ways: a) the practitioner is providing health care to individuals at a District licensed health care facility; or b) the practitioner is providing continued care based on an existing relationship to a client who returned to the District. Administrative Order No. 2020-02, dated March 13, 2020. This policy expires along with the expiration of the public health emergency declaration.

Based on the Guidance above, therefore, the Board has determined that professional counselors licensed in the District may engage in telehealth practice including providing supervision via communication technology, provided that licensees comply with the applicable standards of care and privacy mandates. All other requirements for supervision remain in effect. Supervision may be conducted via synchronous (telephone and video conferencing) and asynchronous (e-mail and text messaging) communication.

However, the requirement of “**immediate supervision**” is hereby modified to permit **real-time, synchronous communication between the supervisor and the supervisee through the use of appropriate real-time technology such as telephone or audiovisual telecommunication.** The use of technology that does not involve real-time communication, such as e-mail or text messaging, while permissible as part of tele-practice and tele-supervision, does not constitute immediate supervision.

Chapter 91 (Graduate Professional Counselor) of Title 17 of the DCMR similarly requires immediate supervision and is therefore subject to the same interpretation as stated in this policy guidance.

As an illustration, an LGPC who is practicing for thirty-five (35) hours per week must be able to contact the supervisor at all times by any available means whether synchronous or asynchronous but at least one (1) of the 35 hours must involve real-time, synchronous interactions between the supervisor and the supervisee. Such interactions may include discussion of the practice, specific clients, or observation of supervisee’s practice with a client.

Additionally, to ensure effective and safe practice by licensees and their supervisees, the Board requires compliance with the following guidelines:

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Extended

1. Prior to adopting and engaging in tele-practice or tele-supervision, the supervisor must gain sufficient understanding of the benefits and limitations related to a given technology medium or platform. Any medium or platform chosen must provide adequate protection for the client's private health and personal information, in compliance with the HIPAA requirements. The supervisor must also ensure that the supervisee has the same understanding and is able to utilize the technology in ways that protect the client's privacy and confidentiality.
2. Prior to utilizing a technology or platform, the supervisor must ensure that the client has sufficient knowledge and understanding of the technology and is comfortable with its utilization.
3. The decision whether and which platform to use must be made primarily by the supervisor.
4. The supervisor must ensure that the client understand the roles and responsibilities of the supervisor and the supervisee, including the fact that the supervisee is practicing under supervision.
5. The supervisor must obtain clear informed consent from the client with regard to the use of technology (including all known limitations and risks).
6. Both the supervisor and the supervisee must fully document all interactions with the client and all decisions made.

Similarly, Chapter 87 (Certified Addiction Counselor I and II) of Title 17 of the DCMR, requires that a Certified Addiction Counselor (CAC) practice under direct supervision. 17 DCMR § 8715.1. Based on the public health emergency reality, section 8715.1 is now modified by this policy guidance such **that direct supervision does not require that the supervisor and the CAC be in immediate distance** such as the same floor **provided that the supervisor must be readily available to respond to the needs of the addiction counselor or the client via synchronous, real-time communication.**

This policy is applicable to professional counseling and certified addiction counseling practices as well as the relevant supervision starting on February 1, 2020. Further, based on the Board's current effort to revise the regulations, the policy shall remain in effect until such time as the regulatory amendment becomes effective. The regulatory amendments will be published in the *D.C. Register* and posted on the Board's webpage. Additional alerts may also be disseminated via e-mail to current licensees.

All inquiries pertaining to the practice of professional counseling and addiction counseling, including the continuing education requirements, may be directed to the Board's Health Licensing Specialist at [dcbopec@dc.gov](mailto:dcbopec@dc.gov).